

1-1  
1-1/1/12  
KDD  
12/60

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	TK	5851856	12 19 60
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral)..... Canceled
- ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Best Available Copy

Claim	Date	Claim	Date	Claim	Date
Final Original		Final Original		Final Original	
1	5/1/55	51		101	
2	5/1/55	52		102	
3	5/1/55	53		103	
4	5/1/55	54		104	
5	5/1/55	55		105	
6	5/1/55	56		106	
7	5/1/55	57		107	
8	5/1/55	58		108	
9	5/1/55	59		109	
10	5/1/55	60		110	
11	5/1/55	61		111	
12	5/1/55	62		112	
13	5/1/55	63		113	
14	5/1/55	64		114	
15	5/1/55	65		115	
16	5/1/55	66		116	
17	5/1/55	67		117	
18	5/1/55	68		118	
19	5/1/55	69		119	
20	5/1/55	70		120	
21	5/1/55	71		121	
22	5/1/55	72		122	
23	5/1/55	73		123	
24	5/1/55	74		124	
25	5/1/55	75		125	
26	5/1/55	76		126	
27	5/1/55	77		127	
28	5/1/55	78		128	
29	5/1/55	79		129	
30	5/1/55	80		130	
31	5/1/55	81		131	
32	5/1/55	82		132	
33	5/1/55	83		133	
34	5/1/55	84		134	
35	5/1/55	85		135	
36	5/1/55	86		136	
37	5/1/55	87		137	
38	5/1/55	88		138	
39	5/1/55	89		139	
40	5/1/55	90		140	
41	5/1/55	91		141	
42	5/1/55	92		142	
43	5/1/55	93		143	
44	5/1/55	94		144	
45	5/1/55	95		145	
46	5/1/55	96		146	
47	5/1/55	97		147	
48	5/1/55	98		148	
49	5/1/55	99		149	
50	5/1/55	100		150	

If more than 150 claims or 10 actions  
staple additional sheet here  
(LEFT INSIDE)